



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CHRISTINE L. TRUITT, MD, PhD

Respondent Name

UNIVERSITY HEALTH SYSTEM

MFDR Tracking Number

M4-11-4099-01

Carrier's Austin Representative

Box Number 16

MFDR Date Received

JULY 14, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Total time spent on this patient was 1' 40". (Face-To-Face time was 70", with an additional 30" spent in medical record review, dictation time & review of dictation. Since code 99205 allows 60" of time spent with patient code 99354 was used for the additional 40" spent. This is an allowable code under the TX 2010 Workers Comp fee schedule."

Amount in Dispute: \$250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In addition to billing procedure code 99354, the provider also billed procedure code 99205, which is the highest evaluation management code available...The provider's position statement indicated procedure code 99354 was for thirty minutes the physician spent performing medical record review and dictation. Medical records review and dictation is not considered face-to-face time and does not meet the definition for code 99354. The provider also stated the face-to-face time for the evaluation was seventy minutes. Even though the descriptor for code 99205 states sixty minutes the explanation for time would allow for seventy minutes. Therefore, no additional allowance is recommended."

Response Submitted by: Argus

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 27, 2011	CPT Code 99354	\$250.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 effective March 1, 2008, sets the reimbursement guidelines for the disputes service.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 97H-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. *Service(s)/Procedure is included in the value of another service/procedure billed on the same date.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Does the documentation support billing CPT code 99354 and 99205 on the disputed date of service? Is the requestor entitled to reimbursement?

Findings

28 Texas Administrative Code §134.203(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers..."

CPT code 99354 is defined as "Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)."

The April 27, 2011 report *Addendum* states "Given detailed history-taking and detailed general and neurological evaluation, as well as need for discussion of the nature of her condition and the treatments I would recommend, total time spent in both patient evaluation, history and review of records, and this dictation, was approximately 100 minutes, not counting time required for review."

The requestor's *Addendum* indicates activities, review of records and dictation that did not require or support "direct patient contact beyond the usual service." The Division finds the requestor has not supported billing CPT code 99354. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

06/30/2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.